

EXHIBIT C
IDAHO DEPARTMENT OF INSURANCE CONTINUING EDUCATION RULE NO. 53

CERTIFICATE OF COMPLETION

_____ Producer Name (Type or Print)	_____ License Number
_____ Street Address	_____ City
_____ State	_____ Zip Code

I, _____,
Authorized Provider Representative (Type or Print)

do hereby certify that the person named herein has successfully completed the following **Idaho approved** course:

Course Title _____

Idaho Course Number _____

Attendance/Completion Date _____

Name of Provider/Sponsor _____

Credit Hours Earned ____ Including: ____ Ethics ____ Law

**This course has been certified by the Idaho Department of Insurance
pursuant to Department of Insurance Rule No. 53.**

Date

Signature of Authorized Representative

THIS DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLETION WILL BE ACCEPTED AS EVIDENCE OF COMPLETION OF AN APPROVED COURSE. THE LICENSEE MUST RETAIN COPIES OF HIS OR HER CERTIFICATES OF COMPLETION EARNED FOR THE MOST RECENT TWO (2) YEAR PERIOD.

THIS FORM MAY BE REPRODUCED BY THE COURSE SPONSOR ONLY.

Idaho Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043